Continuity of Care During Community Reintegration: Managing Returning Citizens' Ongoing Healthcare Needs

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Introduction

Each year, over 630,000 justice-involved individuals transition from a correctional facility – prison, jail, or juvenile justice facility - back into the community and 95 percent of persons incarcerated will eventually return home. Once discharged, returning citizens face a number of barriers for successful community reintegration such as housing, employment, continued education, and healthcare needs. While healthcare needs tend to be considered less of a priority when compared to other barriers for community reintegration, these needs are arguably the largest contributor to worsening health status and associated with higher rates of recidivism.

Research conducted by the Bureau of Justice Statistics has determined 83 percent of returning citizens will need some type of healthcare services within the community and 55.3 percent will be released with a current medical problem (1). It is important to understand that many incarcerated individuals enter correctional facilities with existing health problems, however, these health problems exacerbate if not properly identified and managed during incarceration.

Once discharged, it is up to the returning citizen to manage his or her own ongoing healthcare needs. Unfortunately, there is often less care in the community than provided during incarceration due to patient adherence, human behavior, education, and intensive care management programs that take place during incarceration. As a result, by the time a returning citizen seeks treatment or healthcare services within the community, the already overburdened healthcare system is unable to adequately respond, putting the returning citizen and their communities at a risk. When continuity of care is disrupted, returning citizens become new patients within the healthcare system and without previous records, Medicaid and other coverage providers spend an additional $2.6 billion a year for duplicate healthcare services, previously provided during incarceration.

To continue the treatments provided during incarceration, returning citizens must manage their own medication management, chronic conditions management, infectious disease management, mental health care treatments, substance abuse treatments, and other physical healthcare needs that were identified, treated, and maintained during incarceration. If these healthcare needs are not met within 30 days post release, a discontinuation of care occurs that results in failed community reintegration, decreased quality of life, decreased public safety, and increased risk of recidivism.

Correctional Health Care

Correctional facilities are constitutionally mandated and court ordered to provide healthcare services to justice-involved individuals during incarceration. These services include: Medical, Dental, Behavioral Health and Substance Abuse and include, assessments, treatments, and interventions. To adequately provide health care to these individuals, $12 billion is invested annually from Federal and State Governments (2).

The healthcare services department's initial goal is to identify any underlying healthcare conditions and infectious disease present upon entry into a facility. By doing so, they decrease the risk of infectious disease spread. Once assessments are completed, it is the healthcare services departments'

responsibility to manage any healthcare needs during the time of incarceration. This care includes but is not limited to: primary health care, initial health assessments, intake screenings, chronic care clinics, oral care, behavioral health, mental health, substance abuse treatment, psychiatric medication, education, counseling, hospitalization when necessary, lab and diagnostic testing, diagnostic imaging, and medication management.

These services begin within 4 hours of incarceration and last throughout the duration of one's sentence. When an individual is released from custody, these services are discontinued and a community healthcare provider must provide any ongoing needs.

Healthcare & Reentry

As part of correctional facilities reentry operations, discharge planners and case managers work with returning citizens up to 12 months prior to release. Their role is to assist returning citizens with the state's healthcare coverage options, provide educational materials, and determine reentry resources available within the community. However, these services typically discontinue once an individual is no longer in custody and it remains the individual's responsibility to access community services for ongoing healthcare needs. These services vary across Federal, State, and Local prisons and are determined by the governance of each. In many scenarios, this is case by case and the returning citizens have the choice to deny these services at any time during the discharge planning process.

Prison discharge plans range from nonexistent (i.e., no medication, medical records, or primary care appointments), to some planning by community-based organizations, to well-coordinated planning run by prison-based medical discharge planners who arrange for medication, medical records, and scheduling community appointments (3). With varying services provided within correctional facilities, it is ultimately up to the returning citizen to access community resources such as community service providers, federally qualified health centers, and community health care centers to meet their ongoing healthcare needs.

Medication Management

On average, 66.1 percent of returning citizens are prescribed one or more medication(s) to manage a preexisting health condition, 50.8 percent or returning citizens are taking medications for a chronic condition and 33.6 percent are taking medication for a mental health need (1). To improve continuity of care, correctional facilities provide returning citizens with a select number of prescription medications when released. The number of prescription medicines varies between Federal Prisons, State Prisons, and local Prisons.

Federal correctional institutions that operate under the Department of Justice, Bureau of Prison provides released individuals with medications on a case-by-case basis, dependent upon clinical justification and release planning for the inmate (i.e., insurance, Medicaid, Aids Drugs Assistance Programs (ADAP) availability). All inmates released from custody will be provided a 30-day supply of medication, with directions (9). Many states share the same policy and provide a 30-day supply of medications but there are some states that provide a very limited amount of medication to their returning citizen

population. For instance, North Carolina Department of Corrections only provides a 7-day medication supply to individuals released from their custody.

For returning citizens to achieve a continuity of care during community reintegration and meet their medication management needs, they must find a health care provider and a pharmacy that will refill their prescription before their supply runs out. This is almost impossible for returning citizens leaving North Carolina Department of Corrections facilities due to the time it takes to schedule an appointment, have an appointment, and obtain prescription refill.

These medications range from live saving medications like insulin for diabetes to psychiatric medications for schizophrenia. Without them, mortality rates increase, returning citizens end up in the emergency room, may experience a mental health event, and ultimately fail to meet the healthcare needs. Without medication management, returning citizens are at an increased risk of death or recidivism.

Chronic Conditions Management

Incarceration is associated with elevated levels of chronic conditions and majority of people leaving prison have at least one chronic condition, physical health, mental health, or substance use (11). 40.4 percent of all returning citizens have had at least one chronic condition and up to 64.8 percent for those over the age of 45 (1). Persons in state or federal prisons are 1.5 times more likely than persons in the general US population to report ever having a chronic condition (21). Reports show high cases of the following chronic conditions within justice-involved populations; diabetes, hypertension, myocardial infarction, kidney problems, asthma, cirrhosis, and HIV, as well as substance abuse and mental health problems (12)(18).

Returning citizens with chronic conditions have several healthcare needs that must be managed when returning to their communities. Most chronic diseases require the management of care from numerous care providers such as, primary care providers, specialists, therapists, and other clinicians. Together they must assess ongoing treatments, prescriptions, rehabilitations, and other healthcare interventions.

Table 1. Prevalence of Chronic conditions among returning citizens.

	National Percentage
Diagnosed with a Chronic Condition	40.4%
Arthritis	15.4%
Asthma	11.7%
Cancer	1.1%
Diabetes	6.6%
Heart Problems	5.2%
Hypertension	22.1%
Kidney Problems	2.7%
Liver Problems	1.3%
Stroke	2.8%
Multiple Chronic Conditions	24.2%
Hypertension & Diabetes	6.6%
Multiple Infectious Diseases	4.1%
Chronic Condition & Infectious Disease	12.3%

Note: These statistics were derived from Bureau of Justice Statistics (1) and Center for Disease Control (13).

Infectious Disease Management

The prevalence of infectious disease in justice-involved populations is

Table 2. Prevalence of Infectious diseases among returning citizens.	National Percentage
Hepatitis	7.6%
HIV	1.1%
STD	4.4%
Tuberculosis	3.8%
Ever had an infectious disease	17.5%
Note: These statistics were derived from Bureau of Justice Statistics (1) and Center for Disease Control (13).	

8-10 times higher compared to the general public. These diseases are communicable diseases, easily spread to others when in contact. These diseases must be identified upon entry and treated during incarceration to eliminate the spread of such diseases and protect other inmates and communities. There must not be a discontinuation of care for these infectious diseases and managing these types of diseases is necessary for public safety, long-term healthcare savings, and positive community reintegration.

Almost 20 percent of returning citizens report having had an infectious disease (21). Infectious diseases; Hepatitis C (17.4%), HIV/AIDS, Sexually Transmitted Diseases such as Syphilis, Gonorrhea, and Chlamydia, and Tuberculosis are the most common within correctional facilities (25). Tuberculosis is overrepresented in prisons and spread easily due to poor architectural designs, overcrowded areas, and poor ventilation systems (18). Tuberculosis is scanned during intake assessments and should be monitored during release.

Infectious diseases are to blame for the rising healthcare costs. For instance, Treatment of Hepatitis C cost between $18,000-$30,000 per inmate annually and roughly cost $465 million per year (16). If not managed post-release, these diseases will spread to communities and increase mortality rates of those infected, and continue to raise healthcare costs.

Mental Health Management

In 2001, The Bureau of Justice Statistics estimated that more than 16 percent of all state inmates had some form of mental illness and over 10 percent receives some form of medication for their condition. (15). Since then, this number has staggered to over 56 percent of state prisoners, 45 percent of federal prisoners, and 64 percent of jail inmates had a mental health problem (22). Returning citizens are 3-5 times more likely to have a mental health condition than the general pubic (4). Returning citizens with mental health conditions were more likely than others to utilize emergency room services, to have been hospitalized, and are reported to have higher levels of criminal involvement after release. (25).

The most common mental health conditions affecting justice-involved individuals are; some form of Anxiety disorder including panic disorder, agoraphobia, obsessive-compulsive disorder, post-traumatic stress syndrome, general anxiety disorder, Major Depression, Schizophrenia or other psychotic disorder, and Bipolar disorder (5).

According to the Bureau of Justice Statistics, these numbers continue to increase each year. Of those diagnosed with a mental health condition, 33.6 percent take medication for their diagnosis, 29.8 percent receive counseling or therapy from a mental health professional, and 22.8 percent take medications and receive counseling or therapy (1). Data suggests that returning citizens with mental health needs were heavy users of health services within the community but the care they received was fragmented,

episodic, and for acute issues (25). Eight to ten months after release, 80 percent of retuning citizens with mental health conditions received some health care within the community, but only half reported receiving treatment for their mental health conditions (25).

Returning citizens with mental health conditions face many reentry and health challenges upon release. These medications, counseling, and therapy sessions must continue within the community to avoid any relapse, mental health event, and successfully reintegrate into society.

Table 3. Prevalence of Mental Health Conditions among returning citizens	National Percentage
Mental Disorder	42.9%
Major Depressive Disorder	27.1%
Bipolar Disorder	23.3%
Anxiety Disorder	22.2%
Post-Traumatic stress disorder	14.1%
Personality disorder	11.4%
Schizophrenia/other psychotic disorder	8.8%
Medication for Mental Health	33.6%
Counseling or therapy	29.8%
Counseling or therapy & Medication	22.8%
Note: These statistics were derived from Bureau of Justice Statistics (1) and Center for Disease Control (13).	

Substance Abuse Management

Respondents with substance abuse problems were arrested and reincarcerated at higher rates compared to other returning citizen populations. According to a report released by the Center for Disease Control and Prevention, an estimated 80 percent of state prions and jail inmates have serious substance abuse problems and 83 percent of all state inmates reported they have used drugs in the past (3). Approximately 50 percent of released individuals deal with drug dependence or abuse (19). In addition to addiction, the use of substances has underlying healthcare conditions such as liver disease, HIV and Hepatitis C.

Eight to ten months after release, over one-third of men and women had used drugs or gotten intoxicated post release. Returning citizens with pre-incarceration substance abuse problems were more likely to have used again within the community (25).

Substance abuse treatments and interventions must be continued when returning citizens reenter society. When examining the role of substance abuse in the reentry process, it is determined that returning citizens who had pre-incarceration substance abuse problems had poorer housing, employment and recidivism outcomes and substance abuse before incarceration was clearly lined to recidivism (25). Without these services, returning citizens have a higher risk or reusing substance and increasing their rate for recidivism while decreasing public safety.

Additional Healthcare Management

In addition to mental health, communicable and chronic diseases, the other top leading trend for returning citizens is the rising in number of elderly patients, 50 years of age or older. This population is twice as likely to suffer from medical problems, chronic conditions and terminal illness. An average of 8.2 percent of returning citizens are over the age of 50 years of age and contribute to over $70,000 per

year compared to younger populations cost of $22,000 (4). These costs are associated with chronic disease pertinent with aging populations and daily treatments for high blood pressure, heart disease, and diabetes.

Continuity of care during community reintegration is necessary for this population as they are more acceptable to beginning released with a chronic condition or developing one in the following years. Every 10 years, there is an increase in medical condition relevance by 12 percent. As a result to the increase of medical conditions with aging, these patients will most likely need medication management and chronic condition management within their communities.

Table 4. Prevalence of a Medical problem of returning citizens.

	National Percentage
Male	50.8%
Female	59.8%
24 or younger	32.8%
25-34	37.9%
35-44	50.2%
45 or older	64.8%

Note: These statistics were derived from Bureau of Justice Statistics (1) and Center for Disease Control (13).

Conclusion

Health and wellness appears to be a significant theme that governs the ability for returning citizens to successfully reentry society. Research has determined continuity of care is essential for health and safety benefits of the returning citizen and the community. Whether it be for substance use disorders, mental illness, infectious or chronic conditions, continuity of care must be a priority, particularly in the first days and weeks after release when the risk of relapse, reoffending, and even death, is most acute (21).

Majority of returning citizens have at least one health related need that must be met within the community and it is up to the returning citizen to access care once discharged. Thus, continuity of care during community reintegration needs to be a priority in discharge planning processes. It is important to realize that while these justice-involved individuals sentence has come to an end, their healthcare journey must continue within the community in order to achieve successful community reintegration.

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